Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932585	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR PREMIER RESIDENCES OF POMPA	1371 SOUTH OCEAN BLVD. POMPANO BEACH, FL 33062

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Assisted Living Facility Change of Ownership (CHOW) licensure survey was conducted on [redacted] Five Star Premier Residence of Pompano Beach, had licensure deficiencies found at the time of the visit.	A 000		
A 007 SS=D	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable [redacted] which is likely to be transmitted to other residents or staff; however, a person who has [redacted] may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S.	A 007		

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A 007	Continued From page 1	A 007		

2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
(f) Any special dietary needs can be met by the facility.
(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.
(h) Not require licensed professional mental health treatment on a 24-hour a day basis.
(i) Not be bedridden.
(j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that:
1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility.
(k) Not require any of the following nursing services:
1. Oral, or suctioning;
2. Assistance with tube feeding;
3. Monitoring of gases;
4. Intermittent positive pressure breathing or
5. Treatment of surgical or wounds, unless the surgical or and the

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A 007	Continued From page 2	A 007		

condition which caused it have been stabilized and a plan of care developed.
(l) Not require 24-hour nursing supervision.
(m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.
(n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:
1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;
2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.
(o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 2 out of 9 sampled residents meet continued residency criteria (Resident #1 and #2).

The findings include:

1). Review of Resident #1's record revealed she was admitted to the facility on . Review of her most recent health assessment dated revealed her diagnosis includes: and

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A 007	Continued From page 3 The health assessment also documented the resident is wheelchair bound. During an interview with Resident #1 on at approximately 10:00 AM, she reported that she cannot ambulate due to an injury that occurred prior to admission to the facility. During an interview with the resident's physical on at approximately 3:00 PM, it was confirmed as of the day of the inspection, the resident is unable to ambulate, which exceeds residency criteria. 2) Review of Resident #2's record revealed she was admitted to the facility on . Review of her most recent health assessment dated , revealed her diagnosis includes: Kidney stones, , Physical or sensory limitations: ambulation. An interview with the Administrator at 11 AM on confirmed the resident has had a significant health decline. Confidential interviews with the facility's staff revealed the resident requires total assistance with all ADLs and has also declined signficiantly. Further interview with the Administrator confirmed the resident is not capable of perform her ADLs with supervision or assistance and that she requires total assistance. It was also revealed the facility had no documentation available indicating the resident had been evaluated for continued residency. Record review and interview with the Administrator at 11:30 AM on , confirmed the resident is not enrolled in hospice services. Class III	A 007		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage	A 055		

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A 055	Continued From page 4	A 055		

residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [illegible] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [illegible] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:

1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

(b) Centrally stored medications must be:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, [illegible] or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the

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A 055	Continued From page 5	A 055		

refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.

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A 055	Continued From page 6	A 055		

(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to ascertain a resident's discontinued medication received appropriate disposition for 1 out of 10 sampled residents (#10).

The findings include:

During medication review conducted around 10:05 AM in the presence of a facility licensed practical nurse (LPN) and the administrator, a registered nurse, the following concern was noted.

Two bottles of cyprohelp periactin, an were identified as part of resident #10's medication supply but were not listed on the resident's medication observation records (MOR's) for or 2012. The bottles were not separately stored in an area marked "discontinued medication". There was no documentation in the resident's or facility record showing staff attempted to return the discontinued medication to the resident's representative, or that staff were requested to store it.

In interviews conducted at that time, the LPN and administrator looked in to it and responded with a written physician order to discontinue use of this medication on They both confirmed the medication should have been addressed for proper disposition at the time it was discontinued by the resident's health care provider.

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A 055	Continued From page 7 Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a	A 056		

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A 056	Continued From page 8	A 056		

medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;

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A 056	Continued From page 9 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility failed to make reasonable efforts to ensure timely refills of medications for 1 out of 13 sampled (Resident #10), evidenced by facility staff allowing four "as needed" medications to run out without taking required steps to assure timely refills. The findings include: During medication review conducted around 10:05 AM in the presence of a facility licensed practical nurse (LPN) and the administrator, a registered nurse, the following concern was noted. Review of the resident #10's 2012 medication observation record (MOR) revealed four medications prescribed for use on an "as needed" basis, namely, (anti-ps: (saliva reducer), prochlorpera reducer) and vereso (mild In interviews conducted at that time, the LPN and administrator looked in to it and confirmed the medications had not been refilled, nor had discontinue orders been received from the resident's health care provider. Class III	A 056		

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A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

(3) OTHER REQUIREMENTS.
(a) All facilities must:
1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and
2. Must be maintained free of hazards; and
3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.
(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following furnishings:
1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident;
2. A closet or wardrobe space for hanging clothes;
3. A dresser, chest or other furniture designed for storage of personal effects;
4. A table, bedside lamp or floor lamp, and waste basket; and
5. A comfortable chair, if requested.
(c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

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A 152	Continued From page 11	A 152		

This Statute or Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure a safe living environment free from hazards, evidenced by easily accessible cleaning supplies and satellite kitchen area in a unit housing residents who are and allowed access to these areas without supervision.

The findings include:

During a tour of the facility's first floor conducted at 11:39 AM, the following potential safety hazards were noted:

1. The laundry was not locked and was equipped with an automatic detergent and bleach dispenser permanently attached to a wall shelf to the right of the washing machines. The dispensers and the supply hoses to the machines were in the open and easily accessible. A bottle of glass cleaner was noted on a rolling cart stored in the laundry.

2. The door to a fully-equipped satellite kitchen was observed un-latched, there was no staff or other person in the vicinity. Multiple attempts to close and latch the door were unsuccessful.

At 11:43 AM these observations were repeated with a facility licensed practical nurse (LPN). She confirmed this area was populated with residents who were forgetful, some with and ambulatory and were allowed access to these areas. She acknowledged the laundry noted above. She also observed the satellite kitchen door was

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A 152	Continued From page 12 un-latched and went through the kitchen into two adjoining areas, and confirmed no staff were present. These potential safety hazards were discussed with the facility's administrator on at 3:40 PM. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Five Star Premier Residences of Pompano Beach
1371 S. Ocean Boulevard
Pompano Beach, FL 33062

Dear Administrator:

This letter reports the findings of a Change of Ownership survey conducted on , 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

R. C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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Delray Beach, FL 33484
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